

ENDORSEMENT**REQUEST FOR LIVE SCAN SERVICE**
Applicant Submission**ENDORSEMENT**ORI: A0391 Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code Assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

BOARD OF REGISTERED NURSING, DCAAgency authorized to receive criminal history information05753Mail Code (five-digit code assigned by DOJ)PO BOX 944210Street No.Street or PO BoxN/AContact Name (Mandatory for all school submissions)SACRAMENTOCA94244-2100CityStateZip Code()N/AContact Telephone No.

Name of Applicant: _____

(Please print)LastFirstMI

AKA's: _____

LastFirst

CA Driver's License #: _____

DOB: _____ SEX: ☐ Male ☐ FemaleMisc. No. APPLICANT MUST PAYAgency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. N/A

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

Place of Birth: _____

N/AStreet or PO Box

SOC: _____

N/ACity, State and Zip CodeYour Number: _____
OCA No. (Agency Identifying No.)Level of Service ☐ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/AEmployer NameN/AStreet No.Street or PO BoxN/AMail Code (five digit code assigned by DOJ)N/ACityStateZip CodeN/AAgency Telephone No. (Optional)Live Scan Transaction By: _____
Name of Operator

Date: _____

Transmitting AgencyATI No.Amount Collected/Billed